

Attachment Two (2)

Committee on Domestic Violence
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Contents: Domestic Violence High Risk Team
Model Overview

&

Danger Assessment for Law Enforcement
Overview

DOMESTIC VIOLENCE HIGH RISK TEAM MODEL OVERVIEW

WHAT IS THE DOMESTIC VIOLENCE HIGH RISK TEAM MODEL?

The Domestic Violence High Risk Team (DVHRT) Model is a nationally recognized domestic violence homicide prevention framework, identified by the Department of Justice, Office on Violence Against Women (OVW) as a “leading promising practice in the field.” With a goal of preventing intimate partner homicides and near-lethal assaults, Jeanne Geiger Crisis Center (JGCC) has successfully replicated the Model in a variety of jurisdictions across the country. OVW has designated JGCC as the National Training and Technical Assistance Provider on the DVHRT Model.

Research has shown that many intimate partner homicides are predictable; and the JGCC believes that if they are predictable, they are preventable. The DVHRT Model leverages that predictability by incorporating research-based risk assessment into a community's domestic violence response system to identify the most dangerous cases. These cases are monitored by a multidisciplinary team that shares case information and implements coordinated intervention plans to mitigate the danger. Our nationally recognized Model focuses on increasing both victim safety and offender accountability while closing systemic gaps.

MITIGATING A THREAT TO THE ENTIRE COMMUNITY - Domestic violence incidents that result in homicide represent a small percentage of cases overall but present a significant threat to the entire community - the intended victim, family members, and first responders. By focusing on the highest risk cases, a DVHRT intervenes in incidents with the most severe potential consequences while strengthening the entire response system.

VICTIM CENTERED APPROACH - In addition to bringing partner agencies together and ensuring that risk assessment information is shared across system partners, the DVHRT Model maintains a victim-centered focus in several ways: DVHRTs are led by the community's local domestic violence agency; social service and criminal justice agencies provide an enhanced response to both victims and offenders; and the Model helps communities offer a socially just alternative to shelter for those victims who cannot or will not enter shelter.

BRIDGING SYSTEM GAPS - The systems set up to respond to domestic violence - victim services, law enforcement, prosecution, probation, parole, corrections and court ordered batterer intervention programs - often operate separately and have limited ability to transfer case specific information. This lack of cohesion creates gaps, and it is within those gaps that the homicides occur. The DVHRT creates a mechanism for the transfer of critical information in the most dangerous cases and provides a practical forum to identify and close systemic gaps. This serves to improve the quality and cohesion of the entire domestic violence prevention and response system.

GROUNDING IN RESEARCH - Research tells us who is at greatest risk of being killed by an intimate partner and when their risk is highest. Victims in the process of leaving a relationship or pursuing a legal separation are at highest risk, particularly in the first 3 months.¹ Studies have also determined that the majority of victims, perpetrators (up to 83% of the cases), or both, had contact with criminal justice, victim assistance, and/or health care agencies in the year prior to the homicide.* This indicates that multiple opportunities for prevention exist in which victims at risk can be identified through risk assessment and offered appropriate intervention.

HOW DOES THE DVHRT MODEL WORK?

The DVHRT Model is designed to impact the following three areas: (1) victim safety, (2) offender accountability, and (3) the domestic violence response system. The Model is grounded in the work of Dr. Jacquelyn Campbell, PhD, RN, FAAN, a leader in the research of intimate partner homicide. Dr. Campbell's research has demonstrated that the escalation of domestic violence to lethal levels often follows predictable patterns with predictable indicators.

The DVHRT Model is a framework composed of four fundamental strategies:



Each of these components work together and are integrated to create the greatest impact. They are not stand-alone solutions to preventing domestic violence homicide and near-lethal assault.

The DVHRT Model uses two tools to identify high-risk cases, both of which are derived from Dr. Campbell's research. Domestic violence agencies adopt the Danger Assessment (DA) while law enforcement agencies adopt the Danger Assessment - Law Enforcement (DA-LE).

Once a case is identified as being at high risk of a homicide or near-lethal assault, DVHRT partner organizations use this information to provide an enhanced response and inform decision making, including criminal charges, bail, and conditions of release. The Team is the vehicle for information sharing and provides ongoing case monitoring.

¹ Campbell, J. C., Glass, N., Sharps, P. W., Laughon, K., & Bloom, T. (2007). Intimate partner homicide review and implications of research and policy. *Trauma, Violence, & Abuse*, 8(3), 246-269

The DVHRT also acts as a real-time audit of the community's response system. Fluid intervention planning by all Team partners and data collection on each case helps agencies identify gaps in the system and quickly adjust accordingly.

WHAT AGENCIES MAKE UP THE CORE PARTNERS ON THE DVHRT?

The Team is led or co-led by a non-governmental domestic violence agency with core partners from law enforcement, prosecution, probation (or pretrial assessment agency if applicable), parole, and corrections. When possible, court-ordered offender intervention programs and community health care center(s) and/or emergency department staff may also participate on the Team. In addition to these core partner organizations, Team membership is customized to include partner organizations that reflect community demographics and needs.

WHY SHOULD A DOMESTIC VIOLENCE AGENCY LEAD THE TEAM?

Significant differences exist among the professional missions of each partner organization. Only the domestic violence agency has a *primary* mission of serving the victim's interests and can best reflect the victim's voice on the Team. The domestic violence agency puts the victim at the center of their work. As such, when the domestic violence agency is the lead or co-lead of the Team, the victim is always at the center of the Team's work. In addition, as a non-governmental organization, the domestic violence agency is not subject to public information and disclosure laws or any personnel and priority reorganization due to political shifts or union requirements.

WHAT DOES A DVHRT DO?

The DVHRT holds regularly scheduled meetings to accept new cases, review the status of current cases, and oversee active intervention plans. In emergency cases that arise between meetings, the Team has a fast-track process for case acceptance and intervention planning.

During these meetings the Team shares risk assessment and other relevant case information among partner organizations concerning identified high-risk cases. Once a case is accepted, this shared information will shape the case intervention plan and act to influence decisions and interventions by Team partner organizations in their roles outside the DVHRT, especially during the pretrial phase of a case. Partner organizations report to the Team during meetings on their follow-up actions, case activity, and any other relevant information they have concerning ongoing cases.

The information exchange across disciplines - from case acceptance through follow-up - also enables the Team to more readily identify and close gaps in the community's domestic violence response. The ongoing discussion and intervention planning by the Team acts as a continuous systems audit of community processes, practices, policies and domestic violence laws.

HOW ARE HIGH-RISK CASES IDENTIFIED AND REFERRED TO THE DVHRT?

The Model is grounded in the work of Dr. Jacquelyn Campbell, PhD, RN, FAAN, a leader in the research of intimate partner homicide. The DVHRT Model uses two tools to identify high-risk cases: (1) the Danger Assessment (DA), an evidence-based tool used by domestic violence advocates developed by Dr. Campbell that determines the level of danger an abused woman has of being killed by her intimate partner; and (2) the DA-LE, a tool derived from the Danger Assessment for use on-scene by law enforcement to identify cases at high-risk of homicide or near-lethal assault.

Early identification of high-risk cases through risk assessment is key to the successful operation of a DVHRT. Risk assessment is performed by the domestic violence agency and law enforcement team partners in their work with victims, in accordance with their agency's policy. Cases identified as high risk using this assessment are then considered for referral to the DVHRT.

ISN'T SHELTER THE SAFEST INTERVENTION PLAN FOR A VICTIM AT HIGH RISK?

While shelter certainly is life saving for many victims, there are some victims who will not or cannot enter shelter. The model was developed with these victims in mind and helps communities offer a socially just alternative to shelter.

WHAT ABOUT VICTIM CONFIDENTIALITY?

Respecting confidential and privileged communications is a core tenet of domestic violence services. Most domestic violence agencies are also governed by statutes that reinforce the importance of these confidential communications. Domestic violence agencies participating in DVHRTs only share information with a signed, written release from victims.

WHY DOES JURISDICTION MATTER?

Managing high-risk cases depends on transferring information among the agencies that will work on the case. Therefore, it is imperative that the DVHRT partner organizations share common cases. For information to be shared among partner organizations, each organization must operate within a shared geographic boundary (usually aligning with court or law enforcement jurisdictions). Population and call volume should be considered. Larger jurisdictions (with populations over 250,000) will need to consider multiple teams organized by police precincts. Piloting the Model in one court jurisdiction is a common first step in larger cities or counties.

WHAT DOES IT MEAN TO REPLICATE THE DVHRT MODEL?

Replicating the DVHRT Model is comprised of three essential components:

1. Team Structure & Membership

- Jurisdiction is defined by geographic boundaries or catchment areas that align with court or law enforcement jurisdictions
- A non-governmental DV Agency leads or co-leads the DVHRT and employs the DVHRT coordinator
- Core Team membership includes a non-governmental domestic violence agency, law enforcement, prosecution, probation, a pretrial assessment agency (where applicable), parole, and corrections
- Additional Team partner organizations reflect community demographics and needs

2. Risk Assessment

- DV Agency staff is certified in and uses the Danger Assessment
- Law Enforcement is trained on and uses the DA-LE, or another appropriate research-based tool
- Risk assessment tools inform the risk management strategy and decision-making of the DVHRT

2. Operational Principles

- The DVHRT establishes a process for accepting cases during meetings and between meetings when necessary
- The DVHRT holds regularly scheduled meetings at least monthly and takes minutes
- The DVHRT reviews cases on a regular basis during meetings and provides ongoing case updates between meetings
- The DVHRT develops case-specific, individualized intervention plans
- The DVHRT adheres to applicable confidentiality laws
- The DVHRT collects and evaluates data